

**Joint Commission Hospital Accreditation Standards (2006)¹
and Standards for Ambulatory Care 2006²
Concerning
Clinical Practice Guidelines**

The JCAHO standards specifically concerning Clinical Practice Guidelines are located in the Leadership chapter. In the Hospitals (HAS) standards book, they are LD.5.10, LD.5.20, LD.5.30, and LD.5.40. In the Ambulatory (SAC) standards book they are LD.5.50, LD.5.60, LD.5.70, and LD.5.80. While the functionality of CPGs is addressed across the spectrum of care, scoring concerning the adoption and utilization of CPG will take place through the Leadership standards.

LD.5.10 (HAS)

The hospital considers clinical practice guidelines when designing or improving processes, as appropriate.

LD.5.50 (SAC)

Clinical practice guidelines are used in designing or improving processes that evaluate and treat specific diagnoses, conditions, and/or symptoms.

Rationale for Standards LD.5.10 (HAS) and LD.5.50 (SAC)

Clinical practice guidelines can improve the quality, utilization, and value of health care services. Clinical practice guidelines help practitioners and patients in making decisions about preventing, diagnosing, treating, and managing selected conditions. Clinical practice guidelines can also be used in designing clinical processes or checking the design of existing processes. The leaders may consider sources of clinical practice guidelines such as the Agency for Healthcare Research and Quality, National Guideline Clearinghouse, and professional organizations.

Element of Performance for Standard LD.5.10 (HAS)

The leaders have considered the use of clinical practice guidelines in designing or improving processes.

Element of Performance for Standard LD.5.50 (SAC)

The leaders have used clinical practice guidelines in designing or improving processes.

In the Hospital Manual, this standard has a single EP and it is scored “yes” or “no.” In the Ambulatory Manual, it is listed as “B” standard, scored in two steps. If the standard is not met, it is scored a “0.” If the standard is met, compliance is judged according to the principles of good process design (see HAS or SAC Manual). The standard can then be scored a “0,” “1,” or “2.”

Since TSG has mandated that CPG will be used within the MHS, each organization should not only have considered using the VA/DoD CPG, but those applicable to the patient population at the organization should indeed be in use and data should be used in QI processes. The processes used in consideration should be present in minutes and related documents. Development of institution-based guidelines and utilization of other previously developed

¹ Joint Commission on Accreditation of Healthcare Organizations. *Hospital Accreditation Standards 2006*. Oakbrook Terrace ILL. Joint Commission Resources. Pp. 276-277.

² Joint Commission on Accreditation of Healthcare Organizations. *Standards for Ambulatory Care 2006*. Oakbrook Terrace ILL. Joint Commission Resources. Pp. LD 20-21.

evidence-based guidelines must also be included in such documentation but utilization of those guidelines should not replace utilization of evidence-based VA/DoD guidelines as applicable.

LD.5.20 (HAS)

When clinical practice guidelines are used, the leaders identify criteria for their selection and implementation.

LD.5.60 (SAC)

The leaders identify criteria for selecting and implementing clinical practice guidelines.

Rationale for Standards LD.5.20 (HAS) and LD.5.60 (SAC)

Selecting and implementing clinical practice guidelines that are appropriate to the hospital (organization) are critical. The leaders set criteria to guide the selection and implementation of clinical practice guidelines that are consistent with the hospital's mission and priorities. The leaders also consider the steps and changes or variations needed to encourage use, dissemination, and implementation of chosen guidelines throughout the hospital. This includes staff communication, training, implementation, feedback, and evaluation.

Elements of Performance for Standard LD.5.20 (HAS)

- 1. When guidelines are used, the leaders have identified criteria to guide the selection and implementation of the guidelines,.*
- 2. The hospital manages, evaluated, and learns from variation.*

Elements of Performance for Standard LD.5.60 (SAC)

- 1. The leaders identify criteria to guide the selection and implementation of guidelines.*
- 2. The organization manages, evaluates, and learns from variation.*

In both manuals, this standard has two EPs and both are "B" EPs: scored in two steps. If the standard is not met, it is scored a "0." If the standard is met, compliance is judged according to the principles of good process design (see HAS Manual). The standard can then be scored a "0," "1," or "2."

First, as mentioned above, the selection of CPG must be based on the patient population and other characteristics of the organization. The clinical leadership must have investigated the data, set priorities, and selected the CPG to be used based on criteria that will meet patients' needs. Selection criteria then must be converted in to metrics that will be tracked to ascertain progress toward optimal patient care delivery processes and outcomes. The CPG, processes, and metrics must be reviewed and re-evaluated periodically. Those processes must be evident in Quality Improvement minutes and other pertinent documents and they must be reported through the chain of command to the leadership regularly

LD.5.30 (HAS)

Appropriate leaders, practitioners, and health care professionals in the hospital review and approve clinical practice guidelines selected for implementation.

LD.5.70 (SAC)

Appropriate leaders, practitioners, and health care professionals in the organization review and approve clinical practice guidelines selected for implementation.

Rationale for Standards LD.5.30 (HAS) and LD.5.70 (SAC)

To be successfully implemented, clinical practice guidelines should be reviewed, revised, or adapted by the providers using them and approved by the hospital's (organization's) leaders.

Element of Performance for Standards LD.5.30 (HAS) and LD.5.70 (SAC)

Appropriate hospital (organizational) leaders have reviewed and approved the clinical practice guidelines selected for use.

This standard will be met if appropriate processes and documentation are in place to support the previous standards.

LD.5.40 (HAS) and LD.5.80 (SAC)

The leaders evaluate the outcomes related to use of clinical practice guidelines and determine steps to improve processes.

Rationale for Standards LD.5.40 (HAS) and LD.5.80 (SAC)

To fully benefit from the use of clinical practice guidelines, the outcomes of patients treated using the clinical practice guidelines are evaluated, and refinements are made to how the guidelines are used, if necessary.

Element of Performance for Standards LD.5.40 (HAS) and LD.5.80 (SAC)

Clinical practice guidelines are monitored and reviewed for effectiveness and are modified as necessary

This standard will be met if the intent and EPs for previous applicable standards are met.